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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEETRANSMITTAL For FY 2009		Application Number	10/562,086-Conf. #3235
		Filing Date	December 23, 2005
		First Named Inventor	Peter J. Quesenberry
		Examiner Name	V. Afremova
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1657
TOTAL AMOUNT OF PAYMENT (\$ 810.00)		Attorney Docket No.	59441RCE(11259)

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number:	04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP		
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments			

FEE CALCULATION																			
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																			
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES														
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)												
Utility	330	165	540	270	220	110	_____												
Design	220	110	100	50	140	70	_____												
Plant	220	110	330	165	170	85	_____												
Reissue	330	165	540	270	650	325	_____												
Provisional	220	110	0	0	0	0	_____												
2. EXCESS CLAIM FEES																			
Fee Description																			
Each claim over 20 (including Reissues) Fee (\$) Small Entity Fee (\$)																			
Each independent claim over 3 (including Reissues) 52 26																			
Multiple dependent claims 220 110																			
Multiple dependent claims 390 195																			
<table border="0"> <tr> <td>Total Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td colspan="2">Multiple Dependent Claims</td> </tr> <tr> <td>48</td> <td>- 58 or HP</td> <td>x</td> <td>=</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> </table>								Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		48	- 58 or HP	x	=	Fee (\$)	Fee Paid (\$)
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims															
48	- 58 or HP	x	=	Fee (\$)	Fee Paid (\$)														
HP = highest number of total claims paid for, if greater than 20.																			
<table border="0"> <tr> <td>Indep. Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td colspan="2">Multiple Dependent Claims</td> </tr> <tr> <td>4</td> <td>- 6 or HP</td> <td>x</td> <td>=</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> </table>								Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		4	- 6 or HP	x	=	Fee (\$)	Fee Paid (\$)
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4	- 6 or HP	x	=	Fee (\$)	Fee Paid (\$)														
HP = highest number of independent claims paid for, if greater than 3.																			
3. APPLICATION SIZE FEE																			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																			
<table border="0"> <tr> <td>Total Sheets</td> <td>Extra Sheets</td> <td>Number of each additional 50 or fraction thereof</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td>_____</td> <td>- 100 =</td> <td>/50 = _____ (round up to a whole number) x</td> <td>=</td> <td>Fees Paid (\$)</td> </tr> </table>								Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	_____	- 100 =	/50 = _____ (round up to a whole number) x	=	Fees Paid (\$)		
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)															
_____	- 100 =	/50 = _____ (round up to a whole number) x	=	Fees Paid (\$)															
4. OTHER FEE(S)																			
Non-English Specification, \$130 fee (no small entity discount)																			
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ... 810.00)																			

SUBMITTED BY					
Signature	<i>Kathryn A. Piffat, Ph.D.</i>		Registration No. (Attorney/Agent)	34,901	Telephone (617) 517-5516
Name (Print/Type)	Kathryn A. Piffat, Ph.D., Esq.		/	Date	August 11, 2009



Application No. (if known): 10/562,086

Attorney Docket No.: 59441RCE(11259)

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EM258540375US in an envelope addressed to:

MS RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on August 11, 2009
Date

Signature

Dawn E. Grimes

Typed or printed name of person signing Certificate

Registration Number, if applicable

(617) 517-5534

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal (1 page)
Request for Continued Examination Transmittal (1 page)
Copy of Amendment as filed on June 12, 2009 (24 pages)
Copy of executed Declaration of Dr. Peter J. Quesenberry dated June 11, 2009 (12 pages)
Charge \$810.00 to deposit account 04-1105
Return Receipt Postcard